

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>M-G</i>		<i>9/8/00</i>
O.I.P.E. CLASSIFIER		<i>7</i>	<i>9-1300</i>
FORMALITY REVIEW	<i>CH</i>	<i>64416</i>	<i>10/24/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original 1 <i>9/2/00</i>	
2 ✓	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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